

Birth Certificate Request Form

CITY USE ONLY: REG. NO. _____

Please print out this form and return to:

Springfield City Clerk
City Hall, Room 123
36 Court Street
Springfield, MA 01103-1683

Requests submitted through the mail, will be processed on the date they are received.

Full name of person on the record of birth

First Middle Last

Date of Birth

Month Day Year

Full Maiden Name of the Mother

First Middle Last

Full Name of the Father

First Middle Last

Signature of Requester

Daytime telephone number

Area code number

Return Mailing Address

- * Payment may be made in a money order or certified bank check. **Do not send cash.**
- * Personal account checks are **not accepted**.
- * Certified copies cost **\$15.00**; please enclose a self addressed stamped envelope for each transaction through the mail.
- * Make money order or certified bank check payable to "**City of Springfield**"
- * **NOTE:** Some records are restricted or impounded and access maybe denied. Please enclose a copy of your driver's license.